

PEER REVIEW HISTORY

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ARTICLE DETAILS

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| TITLE (PROVISIONAL) | Knowledge about epilepsy among health professionals: a cross-sectional survey in São Paulo, Brazil |
| AUTHORS | Rodrigo Vancini, Ana Benedito-Silva, Bolivar Sousa, Sergio da Silva, Maria Souza-Vancini, Cássia Vancini-Campanharo, Francisco Cabral, Cristiano de Lima and Claudio de Lira. |

VERSION 1 - REVIEW

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| REVIEWER | Athanase Millogo, Neurologist, Department of Internal Medicine, Bobo-Dioulasso University teaching hospital, Burkina Faso No conflict of interest |
| REVIEW RETURNED | 21/02/2012 |

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| THE STUDY | This is a great paper dealing with a major issue of public health. Prior to any intervention, there is a need to assess knowledge towards the condition. This paper is about 600 people in Brasil. |
| GENERAL COMMENTS | <p>1. There is a need to provide the new and accurate definition of epilepsy (Fischer 2005) as the impact of epilepsy is part of this definition.</p> <p>The question related with the attitudes toward epilepsy is not really explored in this study. Thus it is not possible to make any anticipation about how they will react if they faced a seizure.</p> <p>3. There are some missing data in table 2 (Total of nursing and nutrition for Q1, Q2, Q3, Q4, Q5 and Q6. If there are some missing data, please mention it there, as this can affect the interpretation and the prevalences.</p> <p>4. The same remark is valuable for Q7 and Q8. There might be some missing data here again</p> <p>Is there any possibility to screen if better knowledge of epilepsy is related with better attitude towards the condition?</p> |

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| REVIEWER | Dr Ab Fatah Ab Rahman School of Pharmaceutical Sciences Universiti Sains Malaysia Health Campus Kelantan, Malaysia Conflicts of Interest - None |
| REVIEW RETURNED | 23/02/2012 |

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| THE STUDY | <p>ABSTRACT: include findings from groups receiving different level of access to information to support conclusion. Conclusion in Abstract seems like a proposal - suggest revise accordingly.</p> <p>INTRODUCTION; perhaps include a review of current status of curriculums taught in different faculties of health sciences in Sao</p> |
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| | <p>Paolo to highlight the need to conduct this study across different health professions. Are there deficiencies in the curriculum as far as coverage for chronic illnesses like epilepsy are concerned?</p> <p>METHODS: describe how the participants were selected. Is there justification to include nursing and doctors, when favourable results are already expected.</p> <p>DISCUSSION; Except for nursing and medical gp, the other gps have good attitude (Table 2, Q1 and Q2) despite poor knowledge. This observation should be discussed.</p> <p>pg 13, last paragraph. Information may come from formal educational program or from daily practice. Except for nursing and medical gp, the other 4 gps have lower interaction with people with epilepsy in their practice (Table 2, Q5 and Q6). Thus, seeking information about epilepsy may be not their first priority. This finding could be discussed further.</p> |
| RESULTS & CONCLUSIONS | <p>RESULTS: favourable outcome is expected with nursing and medicine groups. Perhaps it would be more interesting to combine results of these 2 gps with the other four gps.</p> |

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| REVIEWER | <p>Jorge G Burneo Associate Professor Western University Canada</p> |
| REVIEW RETURNED | <p>24/02/2012</p> |

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| THE STUDY | <p>The subjects were not patients, but actually health-related professionals</p> |
| GENERAL COMMENTS | <p>The authors use a similar methodology used in previous similar studies. The only concern is the survey was a bit modified. Given the slight modifications one might be concerned about validation, particularly if the survey was in portugues. But the modifications are minimal, and I am not that concerned.</p> <p>The other issue is that the results do not add much to the medical literature, particularly to a journal that is open to different specialties. Given that the results pertain to the city of Sao Paulo, and not to Brazil or the rest of the world, I wonder if the authors should consider publishing these results in a Brazilian journal.</p> |

VERSION 1 – AUTHOR RESPONSE

Reviewer Athanase Millogo:

There is a need to provide the new and accurate definition of epilepsy (Fischer 2005) as the impact of epilepsy is part of this definition.

Response: As suggested, we included the definition of epilepsy according to Fischer et al (2005).

The question related with the attitudes toward epilepsy is not really explored in this study. Thus it is not possible to make any anticipation about how they will react if they faced a seizure.

Response: We partially agree with this point. Although the attitudes toward epilepsy were explored only in questions 1 and 2, we stress that the study was conducted to investigate only the knowledge

about epilepsy. Looking into the attitudes toward epilepsy was never the main goal of this study.

There are some missing data in table 2 (Total of nursing and nutrition for Q1, Q2, Q3, Q4, Q5 and Q6). If there are some missing data, please mention it there, as this can affect the interpretation and the prevalence. The same remark is valuable for Q7 and Q8. There might be some missing data here again.

Response: The missing data in results refer to subjects that did not answer the question(s). In order to clarify, we included this information in table's footnote.

Is there any possibility to screen if better knowledge of epilepsy is related with better attitude towards the condition?

Response: In our study, we showed that health professionals who had access to information about epilepsy presented a higher score in epilepsy knowledge test (Figure 1). Unfortunately, in the present study, we did not evaluate professional attitudes. Therefore, we are not able to make any inferences based on our results. Although a correlation between knowledge and attitudes toward epilepsy is likely, this was not the goal of our study

Reviewer Ab Fatah Ab Rahman:

ABSTRACT - Include findings from groups receiving different level of access to information to support conclusion. Conclusion in Abstract seems like a proposal - suggest revise accordingly.

Response: We rewrote the conclusion in order to clarify and match reviewer's expectation.

INTRODUCTION - Perhaps include a review of current status of curriculums taught in different faculties of health sciences in Sao Paulo to highlight the need to conduct this study across different health professions. Are there deficiencies in the curriculum as far as coverage for chronic illnesses like epilepsy are concerned?

Response: Although being a very important issue, we think that discussing Sao Paulos Educational Curriculum would be out of the scope of this research. Besides, the curriculums in Brazil are quite different and may vary a lot, precluding this kind of analysis, at least with the data collected for this study. Nonetheless, from the answers given to question 8, we can definitely conclude that the curriculae of our universities are defective; depending on the profession, up to 85% of the persons surveyed had no content related to epilepsy during their graduation (exception: medical and nursing schools).

METHODS - Describe how the participants were selected. Is there justification to include nursing and doctors, when favorable results are already expected?

Response: As asked we described how participants were selected. In fact, it is expected that doctors and nurses have a better knowledge about epilepsy. However, we included these two professional categories, in our study, in order to have a positive control and, consequently, a comparison basis relative other professionals that theoretically have a poor access to knowledge about epilepsy.

RESULTS - Favorable outcome is expected with nursing and medicine groups. Perhaps it would be more interesting to combine results of these 2 groups with the other four groups.

Response: We agree that favorable outcome is expected with nursing and medicine groups. However, each professional category has specific peculiarities. For instance, nursing is a healthcare profession focused on the care of individuals, families, and communities. On the other hand, physicians can perform more complex therapeutic procedures, acting to diagnostic of pathological states as well to prescribe drugs and therapy. Finally, a physical educator is a healthcare profession focused on the physical activity prescription that can be classified as a non-pharmacological therapy, which focus on subject's secondary care.

DISCUSSION - Except for nursing and medical group, the other groups have good attitude (Table 2, Q1 and Q2) despite poor knowledge. This observation should be discussed.

Response: As suggested we discussed these results and changed the paragraph (page 13, lines 3 to 10) "We evaluated three fundamental points, such that the questionnaire was divided into the personal domain, educational domain, and an epilepsy knowledge test. In relation to the personal domain, the vast majority (95%) of health professionals reported to not have fear of living with a person with epilepsy. However, these values decreased with respect to having a personal relationship with a person with epilepsy, mainly among the nutritionists (61%). Although health professionals have more knowledge than the general population about the biology of the human body, there is still a stigma and misconceptions among them in relation to epilepsy" by "We evaluated three fundamental points, such that the questionnaire was divided into the personal domain, educational domain, and an epilepsy knowledge test. In relation to the personal domain, the vast majority (95%) of health professionals reported to not have fear of living with a person with epilepsy. However, these values decreased with respect to having a personal relationship with a person with epilepsy, mainly among the nutritionists (61%). Therefore, in general, most of the professionals interviewed have good attitudes towards epilepsy. This observation it is important since although the low level of knowledge presented by physical educators, nutritionists, physiotherapists, and psychologists, attitudes about the disease are similar to medicine and nursing professionals. Probably, these results were found because we evaluate personal attitudes instead of professional attitudes".

DISCUSSION - Pg 13 in the last paragraph. Information may come from formal educational program or from daily practice. Except for nursing and medical group, the other 4 groups have lower interaction with people with epilepsy in their practice (Table 2, Q5 and Q6). Thus, seeking information about epilepsy may be not their first priority. This finding could be discussed further.

Response: We included this information in last paragraph of the discussion as required by the reviewer.

Reviewer Jorge G. Burneo:

The authors use a similar methodology used in previous similar studies. The only concern is the survey was a bit modified. Given the slight modifications one might be concerned about validation, particularly if the survey was in Portuguese. But the modifications are minimal, and I am not that concerned.

Response: Despite the similarities with the other studies, our study evaluated six different professional categories while most of the studies in this area evaluated only one category. Moreover, we consider important to publish this information in a journal where different health professionals have access; our goal is to draw the attention from professionals about the importance of multidisciplinary approach of epilepsy.

The other issue is that the results do not add much to the medical literature, particularly to a journal that is open to different specialties. Given that the results pertain to the city of Sao Paulo, and not to Brazil or the rest of the world, I wonder if the authors should consider publishing these results in a Brazilian journal.

Response: In fact, a limitation is that only professionals that lived in São Paulo city were recruited to the present study. Sao Paulo is Brazil's largest city and one of the largest cities in the world (fifth largest metropolitan area in the world, with around 20 million inhabitants) and therefore, has people from various regions of Brazil and also from abroad (e.g Italians, Lebanese, Japanese, Chinese, Portuguese and even North Americans) . Therefore, we believe that this study produced findings that may be a basis for future study not only in Brazil, but also in others countries. Therefore, our results can be extrapolated (with caution) to Brazil and other countries.

Furthermore, several studies performed in cities smaller and less diverse than Sao Paulo are commonly performed and having their results extrapolated; in fact intercontinental studies are much rare than surveys performed in specific regions for obvious reasons. .

Finally, we do not see why our study could not be published in an open journal as BMJ Open. Recently, another important open journal (Plos One) published a paper entitled "Mental disorders in megacities: findings from the São Paulo megacity mental health survey, Brazil" carried out in conjunction with the World Health Organization - World Mental Health Survey Initiative (headed by Professor Ronald Kessler from Harvard University, USA (PLoS One. 2012;7(2):e31879). Therefore, we consider that our results are enough interesting to be published in any International Journal.

The authors would like to thank the reviewers and the managing editor for their time and valuable comments and suggestions. We have followed all of them and have updated the manuscript. We hope that now the manuscript corresponds to reviewer's expectations.

VERSION 2 – REVIEW

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| REVIEWER | Athanase Millogo, Neurologist, Department of Internal Medicine, Bobo-Dioulasso University teaching hospital, Burkina Faso No conflict of interest |
| REVIEW RETURNED | 19/03/2012 |

The reviewer completed the checklist but made no further comments.